

**NOTICE OF LEAVE WITHOUT PAY  
(UNEMPLOYMENT COMPENSATION PLAN)**

TO:	Date:
Employee's Name:	On LWOP Seven (7) Consecutive Calendar Days
Organization:	From _____ To _____

\_\_\_\_\_  
(Time Clerk)

SF's 8 Mailed \_\_\_\_\_ (FOR USE OF PERSONNEL OFFICE)  
Date: \_\_\_\_\_

REMARKS: \_\_\_\_\_